

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001		2 PAGE # 1 of 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Amadeo	MI MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME		LAST Ortiz	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	1443 W. Elsmere San Antonio, TX 78201				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Robert	MI MI	Date Processed Date Imaged
	NICKNAME Bob		LAST Lott	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5045 Ayrshire Dr San Antonio, TX 78217				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 414-9966				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/26/2008 12/31/2008				
10 ELECTION	ELECTION DATE Month Day Year 11/06/2012		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Bexar County Sheriff		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name Address/PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Ortiz, Amadeo (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,780.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 13,284.86

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,767.45

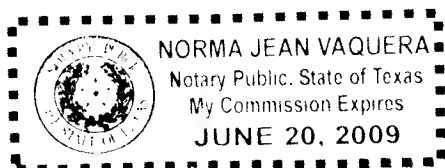
**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Amadeo Ortiz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Amadeo Ortiz*, this the 14 day of January, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/17	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/03/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blockley, Claudell 6 Contributor address; City; State; Zip Code 926 E. Petaluma San Antonio, TX 78221	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calderon, Juan Contributor address; City; State; Zip Code 600 Division Suite D San Antonio, TX 78214	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casias, Pete Jr. Contributor address; City; State; Zip Code 215 Zachery Dr. San Antonio, TX 78228	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crowder, Ginger Contributor address; City; State; Zip Code 6411 Sienna Cir. San Antonio, TX 78249	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/17	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/03/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizondo, W. R. 6 Contributor address; City; State; Zip Code 2219 Cincinnati Ave. San Antonio, TX 78228	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fletcher, Roy Contributor address; City; State; Zip Code 11843 Braesview #601 San Antonio, TX 78213	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, Peter Contributor address; City; State; Zip Code 2191 Little Blanco Rd. Blanco, TX 78606	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ionescu, Florin Contributor address; City; State; Zip Code 8428 Bandera Rd. San Antonio, TX 78250	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laudadio, Tim Contributor address; City; State; Zip Code 15751 Chinquapin Helotes, TX 78023	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/17	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/03/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Manuel 6 Contributor address; City; State; Zip Code 31035 Retama Ridge Bulverde, TX 78163	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Anthony Contributor address; City; State; Zip Code 1338 W. Wildwood Dr. San Antonio, TX 78201	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murnin, Patrick Contributor address; City; State; Zip Code 100 Tamworth Castle Hills, TX 78213	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Alma Contributor address; City; State; Zip Code 802 King San Antonio, TX 78211	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Epigmenia Contributor address; City; State; Zip Code 802 King Ave San Antonio, TX 78211	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/17

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

11/14/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ortiz, Lorenzo

6 Contributor address; City; State; Zip Code
3 Greens Whisper
San Antonio, TX 78216

7 Amount of
contribution (\$) \$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Padron, Michael

Contributor address; City; State; Zip Code
410 Yosemite
San Antonio, TX 78232

Amount of
contribution (\$) \$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rangel, Jerry

Contributor address; City; State; Zip Code
2316 Edison Dr.
San Antonio, TX 78201

Amount of
contribution (\$) \$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reyna, Steve

Contributor address; City; State; Zip Code
1602 Larkspur
San Antonio, TX 78213

Amount of
contribution (\$) \$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ynostrosa, Armando

Contributor address; City; State; Zip Code
3115 Mayfield Dr.
San Antonio, TX 78217

Amount of
contribution (\$) \$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/11 Report: 7/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Absolute Rentals

7

Amount

(\$)

12/29/2008

6 Payee address; City; State; Zip Code7300 Caribou
Suite 1
San Antonio, TX 78238

\$171.38

8 Purpose of payment (See instructions regarding type of information required.)

table and chair rental

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

AT & T Telephone

Amount

(\$)

10/29/2008

Payee address; City; State; Zip Code

P.O. Box 930170
Dallas, TX 75393-0170

\$128.42

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

AT & T Telephone

Amount

(\$)

11/16/2008

Payee address; City; State; Zip Code

P.O. Box 930170
Dallas, TX 75393-0170

\$107.53

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

AT & T Telephone

Amount

(\$)

11/18/2008

Payee address; City; State; Zip Code

P.O. Box 930170
Dallas, TX 75393-0170

\$134.08

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/11 Report: 8/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

10/26/2008**5** Payee name
Bill Miller Bar-B-Q #03**6** Payee address; City; State; Zip Code
1418 Pleasanton Rd.
San Antonio, TX 78221**7** Amount
(\$)

\$115.15**8** Purpose of payment (See instructions regarding type of information required.)

F & B

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Custom Crush WineryAmount
(\$)

11/03/2008

Payee address; City; State; Zip Code
8425 Bandera Rd Ste 148
San Antonio, TX 78250

\$270.31

Purpose of payment (See instructions regarding type of information required.)

F & B for event

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Digital ExtremeAmount
(\$)

11/03/2008

Payee address; City; State; Zip Code
12607 Prima Vista
San Antonio, TX 78233

\$281.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Easy DriveAmount
(\$)

10/27/2008

Payee address; City; State; Zip Code
906 Ruiz St.
San Antonio, TX 78207

\$18.92

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/11 Report: 9/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

10/27/2008

5 Payee name

Exxon

7Amount
(\$)

\$47.60

6 Payee address; City; State; Zip Code526 W. Cevallos
San Antonio, TX 78244**8** Purpose of payment (See instructions regarding type of information required.)

Auto Expense

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2008

Payee name

Exxon

Amount
(\$)

\$33.20

Payee address; City; State; Zip Code

526 W. Cevallos
San Antonio, TX 78244

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/05/2008

Payee name

Freedom Debt.com

Amount
(\$)

\$1,000.00

Payee address; City; State; Zip Code

4100 E. Piedras Dr.
Suite 251
San Antonio, TX 78228

Purpose of payment (See instructions regarding type of information required.)

Refund of campaign contribution

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/26/2008

Payee name

Halo Distributing

Amount
(\$)

\$445.60

Payee address; City; State; Zip Code

200 Lombrano St
San Antonio, TX 78204

Purpose of payment (See instructions regarding type of information required.)

F & B for GOTV Rally

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/11 Report: 10/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
HAPCOA**7** Amount
(\$)

11/05/2008

6 Payee address; City; State; Zip Code
P.O. Box 831544
San Antonio, TX 78283

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

Refund of campaign contribution

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
HAPCOAAmount
(\$)

12/06/2008

Payee address; City; State; Zip Code
P.O. Box 831544
San Antonio, TX 78283

\$20.00

Purpose of payment (See instructions regarding type of information required.)

Donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
HEB #36Amount
(\$)

10/30/2008

Payee address; City; State; Zip Code
7004 S. Zarzamora
San Antonio, TX 78224

\$20.06

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
HEB GroceryAmount
(\$)

10/26/2008

Payee address; City; State; Zip Code
2118 Fredericksburg Rd
San Antonio, TX 78201

\$15.18

Purpose of payment (See instructions regarding type of information required.)

F & B

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/11 Report: 11/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/03/2008

5 Payee name

HEB Grocery

7

Amount

(\$)

\$28.36

6 Payee address; City; State; Zip Code2118 Fredericksburg Rd
San Antonio, TX 78201**8** Purpose of payment (See instructions regarding type of information required.)

F & B

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/05/2008

Payee name

Hominick Builders

Amount

(\$)

\$100.00

Payee address; City; State; Zip Code

1303 E. Main St.
Fredericksburg, TX 78624

Purpose of payment (See instructions regarding type of information required.)

Refund of campaign contribution

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/18/2008

Payee name

La Prensa

Amount

(\$)

\$550.00

Payee address; City; State; Zip Code

P.O. Box 830768
San Antonio, TX 78283

Purpose of payment (See instructions regarding type of information required.)

Newspaper advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/03/2008

Payee name

Las Pinchanchas

Amount

(\$)

\$53.08

Payee address; City; State; Zip Code

450 Fredericksburg Rd
San Antonio, TX 78201

Purpose of payment (See instructions regarding type of information required.)

F & B - Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/11 Report: 12/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 11/12/2008	5 Payee name Little Ceasar 6 Payee address; City; State; Zip Code 2002 Fredericksburg Rd. San Antonio, TX 78207	7 Amount (\$) \$149.75
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8 Purpose of payment (See instructions regarding type of information required.)
F & B Donation**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/18/2008	Payee name Los Barrios Restaurant Payee address; City; State; Zip Code 4223 Blanco Rd. San Antonio, TX 78212	Amount (\$) \$33.91
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Purpose of payment (See instructions regarding type of information required.)
F & B Meeting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/01/2008	Payee name Luby's Cafeteria Payee address; City; State; Zip Code 911 N. Main San Antonio, TX 78212	Amount (\$) \$52.02
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Purpose of payment (See instructions regarding type of information required.)
F & B Meeting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/05/2008	Payee name Luciano Restaurant Payee address; City; State; Zip Code 7400 San Pedro Suite 470 San Antonio, TX 78216	Amount (\$) \$36.86
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Purpose of payment (See instructions regarding type of information required.)
Refund of in-kind donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/11 Report: 13/17
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date	5 Payee name Mariachi Sangre	7 Amount (\$)
11/04/2008	6 Payee address; City; State; Zip Code 5426 Rushhill San Antonio, TX 78228	\$800.00

8 Purpose of payment (See instructions regarding type of information required.) Entertainment for Victory Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Molino Rojo Cafe	Amount (\$)
11/29/2008	Payee address; City; State; Zip Code 13032 Nacogdoches Rd. San Antonio, TX 78217	\$14.61

Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Panchitos Mexican Restaurant	Amount (\$)
10/29/2008	Payee address; City; State; Zip Code 1705 S. Zarzamora San Antonio, TX 78207	\$18.38

Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Panchitos Mexican Restaurant	Amount (\$)
11/15/2008	Payee address; City; State; Zip Code 1705 S. Zarzamora San Antonio, TX 78207	\$142.29

Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/11 Report: 14/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 11/04/2008	5 Payee name Personal Pantry Catering 6 Payee address; City; State; Zip Code 1914 Fredericksburg Rd. San Antonio, TX 78201	7 Amount (\$) \$2,984.25
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8 Purpose of payment (See instructions regarding type of information required.)

Victory Party Catering

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/26/2008	Payee name Ridgewood Cleaners Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201	Amount (\$) \$27.27
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Purpose of payment (See instructions regarding type of information required.)

Other expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/04/2008	Payee name Ridgewood Cleaners Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201	Amount (\$) \$27.76
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Purpose of payment (See instructions regarding type of information required.)

Other expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/05/2008	Payee name San Antonio Produce Market Payee address; City; State; Zip Code 1500 S. Zarzamora San Antonio, TX 78283	Amount (\$) \$3,531.00
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Purpose of payment (See instructions regarding type of information required.)

Refund of in-kind donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/11 Report: 15/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

12/10/2008

5 Payee name

Silverhorn Golf Club

7Amount
(\$)

\$500.00

6 Payee address; City; State; Zip Code1100 Bitters Rd.
San Antonio, TX 78216**8** Purpose of payment (See instructions regarding type of information required.)

Deposit on fundraiser Golf Tourney

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

11/24/2008

Payee name

Symantec Software

Amount
(\$)

\$49.99

Payee address; City; State; Zip Code

20330 Stevens Creek Rd.
Cupertino, CA 95014

Purpose of payment (See instructions regarding type of information required.)

Internet Security software

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

12/12/2008

Payee name

Tommy Moore's Cafe

Amount
(\$)

\$18.36

Payee address; City; State; Zip Code

915 S. Hackberry
San Antonio, TX 78210

Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

10/26/2008

Payee name

Toudouze Market

Amount
(\$)

\$199.13

Payee address; City; State; Zip Code

800 Buena Vista
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Supplies for GOTV Rally

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/11 Report: 16/17

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Toudouze Market

7Amount
(\$)

10/31/2008

6 Payee address; City; State; Zip Code800 Buena Visa
San Antonio, TX 78207

\$62.08

8 Purpose of payment (See instructions regarding type of information required.)

F & B

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Toudouze Market

Amount
(\$)

11/01/2008

Payee address; City; State; Zip Code

800 Buena Visa
San Antonio, TX 78207

\$41.24

Purpose of payment (See instructions regarding type of information required.)

F & B

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Toudouze Market

Amount
(\$)

12/31/2008

Payee address; City; State; Zip Code

800 Buena Visa
San Antonio, TX 78207

\$64.15

Purpose of payment (See instructions regarding type of information required.)

F & B supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Valero Store #1030

Amount
(\$)

10/30/2008

Payee address; City; State; Zip Code

1171 Coliseum Rd.
San Antonio, TX 78219

\$62.00

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/11 Report: 17/17**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Wal Mart

7

Amount

(\$)

10/27/2008

6 Payee address; City; State; Zip Code1200 SE Military Dr
San Antonio, TX 78214

\$32.31

8 Purpose of payment (See instructions regarding type of information required.)

F & B Supplies

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Wal-Mart #5145

Amount

(\$)

10/26/2008

Payee address; City; State; Zip Code

1603 Vance Jackson
San Antonio, TX 78213

\$47.63

Purpose of payment (See instructions regarding type of information required.)

F & B for GOTV Rally

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

West San Antonio Chamber of Commerce

Amount

(\$)

11/06/2008

Payee address; City; State; Zip Code

314 El Paso
San Antonio, TX 78207

\$350.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐